

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580,361

FILING DATE

5/23/06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		8		1		
3		8		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1	1			
24	1		1			
25		1		1		
26	1		1			
27		1		1		
28		2		1		
29				1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	29		28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						